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CONFIRMATION NO. 1125

<b>SERIAL NUMBER</b> 10/817,335	<b>FILING OR 371(c) DATE</b> 04/02/2004 <b>RULE</b>	<b>CLASS</b> 424	<b>GROUP ART UNIT</b> 1609	<b>ATTORNEY DOCKET NO.</b> 541.1024CON2
<b>APPLICANTS</b> John N. Staniforth, Bath, UNITED KINGDOM; Bob E. Sherwood, Amenia, NY; Edward A. Hunter, Cadosia, NY;				
<b>** CONTINUING DATA *****</b> This application is a CON of 10/266,518 10/08/2002 PAT 6,746,693 which is a CON of 09/384,130 08/27/1999 PAT 6,471,994 which is a CIP of 08/992,073 12/17/1997 PAT 6,103,219 which is a CON of 08/724,613 09/30/1996 PAT 5,725,884 which is a DIV of 08/370,576 01/09/1995 PAT 5,585,115				
<b>** FOREIGN APPLICATIONS *****</b>				
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED</b> <b>** 06/21/2004</b>				
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after met Verified and Acknowledged <u>Allowance</u> <u>A. Hasan</u> Examiner's Signature <u>AS</u> Initials		<b>STATE OR COUNTRY</b> UNITED KINGDOM	<b>SHEETS DRAWING</b> 11	<b>TOTAL CLAIMS</b> 24
<b>INDEPENDENT CLAIMS</b> 2				
<b>ADDRESS</b> 23280				
<b>TITLE</b> Pharmaceutical expient having improved compressibility				
<b>FILING FEE RECEIVED</b> 972	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	